



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Marriage and Family Therapy Examiners  
Professional Counselor Examiners Committee  
124 Halsey Street, 6th Floor, P.O. Box 45044  
Newark, New Jersey 07101  
(973) 504-6582

**Documentation of Supervised Counseling Experience**  
(This form should be completed by the supervisor and forwarded directly to the Committee.)

for: ☐ Licensed Professional Counselor Candidate  
☐ Licensed Rehabilitation Counselor Candidate

Please print clearly.

**Information about the applicant**

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

**Information about the supervisor**

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

**Please note:** The supervisor must hold a clinical license in a mental health-related discipline.

**Qualified supervisor: N.J.A.C. 13:34-10.2 and 13.1(a) (Check all that apply.)**

☐ ACS (NBCC-Issued) ☐ Three (3) graduate credits: Clinical Supervision ☐ Other: \_\_\_\_\_  
(Attach official verification for area(s) you checked.)

1. Do you hold a clinical mental health-related professional license in the State of New Jersey? ☐ Yes ☐ No  
If "Yes," check the appropriate box.

☐ Psychiatrist ☐ Marriage and Family Therapist ☐ Rehabilitation Counselor  
☐ Psychologist ☐ Professional Counselor ☐ Clinical Social Worker  
☐ Other: \_\_\_\_\_

Year licensed: \_\_\_\_\_ License number: \_\_\_\_\_

2. Do you hold a professional license in any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," check the appropriate box.

**CONTACT THE ISSUING LICENSING BOARD TO OBTAIN AN OFFICIAL LETTER OF GOOD STANDING.**

☐ Psychiatrist ☐ Marriage and Family Therapist ☐ Clinical Social Worker  
☐ Physician ☐ Rehabilitation Counselor ☐ Other: \_\_\_\_\_  
☐ Professional Counselor ☐ Psychologist

Year licensed: \_\_\_\_\_ License number: \_\_\_\_\_ State of licensure: \_\_\_\_\_

3. Graduate school attended: \_\_\_\_\_

Major: \_\_\_\_\_ Highest degree earned: \_\_\_\_\_

4. Is there any circumstance that precludes your objective assessment of the applicant? ☐ Yes ☐ No  
If "Yes," please explain on a separate sheet of paper. N.J.A.C. 13:34-13.1(l) (Examples: current and former clients, current employers (employees may not supervise employers), relatives of the supervisor, relatives of current clients, current students or close friends.)

**The information requested below concerns the setting in which the applicant received his or her supervised experience.**

\_\_\_\_\_  
Name of setting Tax status: ☐ for-profit ☐ not-for-profit

\_\_\_\_\_  
Street address City State ZIP code Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised him or her: \_\_\_\_\_

2. Inclusive dates of the supervision: \_\_\_\_\_  
Date supervision started Date supervision ended

(See N.J.A.C. 13:34-10.2, "One Calendar Year" means a maximum of 1,500 hours/year, 125 hours/month, 30 hours/week.)

3. Total number of supervised counseling or rehabilitation counseling hours completed by the applicant under my supervision: \_\_\_\_\_

4. Average number of hours per week I spent with the applicant in face-to-face supervision: \_\_\_\_\_

5. Average number of hours per week I spent with the applicant in group supervision: \_\_\_\_\_

6. I performed at least one of the following activities throughout the course of supervision. Check all that apply.

(See N.J.A.C. 13:34-13.1(d)1)

- ☐ I worked as a co-counselor with the applicant.  
☐ I observed the applicant's sessions with clients.  
☐ I viewed videotapes of the applicant's sessions with clients.  
☐ I listened to audiotapes of the applicant's sessions with clients.

7. I performed at least one of the following activities throughout the course of supervision. Check all that apply.

(See N.J.A.C. 13:34-13.1(d)2)

- ☐ I reacted to case presentations given by the applicant.  
☐ I conducted role-playing sessions with the applicant.

8. I performed all of the following activities throughout the course of supervision. Check all that apply.

(See N.J.A.C. 13:34-13.1(d)3)

- ☐ I engaged in problem-solving discussions with the applicant regarding individual clients.  
☐ I entered into problem-solving discussions concerning the applicant's own problems, insofar as such problems were affecting the applicant's work with clients.  
☐ I offered feedback to the applicant regarding specific interventions utilized with a client.  
☐ I offered feedback concerning the applicant's personal qualities as they affect work with clients.  
☐ I offered feedback to the applicant regarding the supervision experience.  
☐ Other (please be specific) \_\_\_\_\_

☐ Did you maintain weekly supervision notes which will be made available to the Committee upon request?

☐ Yes ☐ No

9. **Services provided by supervisee:** (See N.J.A.C. 13:34-10.2 and check all that are applicable.)

- ☐ Clinically assess and evaluate mental, emotional, behaviorial and associated distresses  
☐ Conduct assessments and evaluations for the purpose of establishing treatment goals and objectives  
☐ Plan, implement and evaluate counseling interventions

10. **Counseling procedures implemented by supervisee:** (See N.J.A.C. 13:34-10.2 and check all that are applicable.)

- ☐ Appraisal and assessment
- ☐ Counseling
- ☐ Consulting
- ☐ Referral
- ☐ Research

11. **Supervisor's conclusions and recommendations**

This applicant is seeking to become a licensed professional counselor or a licensed rehabilitation counselor in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent professional practice and readiness as a clinical supervisor. In assessing the applicant's professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

- |  |                              |                             |                                       |
|--|------------------------------|-----------------------------|---------------------------------------|
| The ability to establish a counseling relationship.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to assess a client's needs and to plan appropriate interventions.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to make interventions appropriate to client needs.                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to be flexible in choosing and changing interventions as appropriate.            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to assess prudently one's own capacities and skills in a professional situation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to work effectively in a one-to-one relationship.                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The ability to work effectively where systems-level interventions are required.              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| The applicant demonstrates ethical behavior.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |

12. **On a separate sheet of paper, please assess the applicant's current state of preparedness for licensure. Also, please make a recommendation regarding the applicant's further professional development. Your recommendations are an important element in the Committee's overall evaluation of the applicant's qualifications for licensure.**

13. ☐ I recommend the applicant for licensure at this time.  
☐ I do **not** recommend the applicant for licensure at this time.

**Certification**

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_